



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Business Support Center

Field Trip Permission Slip

**** DO NOT CUT OR TEAR PAPER – RETURN COMPLETE FORM ****

Student

Name: _____ Grade: _____ Teacher: _____

Field trip destination: _____

Trip date: _____ Grade/Club: _____

Mode of transportation: _____ Departure time: _____ Return time: _____

Note: A student may be denied the privilege of participating in field trips, social and/or extra-curricular activities if he/she has been disruptive, violated the student code of conduct, or fails to conform with school rules and regulations.

If the field trip is cancelled or postponed, parents will receive written notification from the school. ***Refunds will be contingent upon the school's contractual obligation with the approved field trip vendor.*** Students unable to attend the field trip due to personal circumstances may or may not receive a refund contingent upon the school's contractual obligations with the vendor.

Parent/Guardian Name: _____ Signature: _____

Payment Information

Cost: _____ Payment deadline: _____ Payment can be made online at estore.browardschools.com

Payment details: _____ Online Order Number: _____

*******Information to be taken on field trip*******

Emergency Contact Information

Student Name: _____ Teacher: _____

In case of emergency, please contact the following person(s):

Emergency Contact – print name	Relationship to student	Telephone #
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In the event I cannot be reached, please contact:

Additional Contact – print name	Relationship to student	Telephone #
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Health/Accident Insurance

In the event of an accident or illness every attempt will be made to reach the emergency contact. If necessary, 911 will be called. Insurance information is not required but is strongly recommended since **parent assumes full financial responsibility for any charges incurred.** Check number 1 or 2 below.

Does your child take medication, have allergies, or special health problems? If yes, please indicate: _____

1. _____ My child is covered by twenty-four (24) hour student accident insurance or family insurance:

Insurance Company / ID #	Telephone #
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2. _____ I do not have insurance. I understand I am responsible for all medical bills for emergency care of my child.

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